

City of Frisco Volunteer Application

(Please	e print)			
Name:				
Addres	ss:			
City, St	tate, Zip:			
Phone Number:		Email:		
I am 18 years old or older?		If not 18, please provide your age:		
employ	olunteer, I understand I will not be paid for my ree benefits, accident insurance, death benefits insurance covering volunteers.			
all assi	probationer, I am required to follow all instructio gned duties, and to follow all rules of the City of ness to perform the duties assigned in a pleasant	Frisco. I am		
Any vio	plation of these rules will be considered to be ment.	non-complia	nce and will be subject to termination of this	
Probat	tioner Signature		Pate	
Nature	e of offense:	Da	te of offense:	
Total hours required:		Date hours i	Date hours need to be completed:	
Referr	ed by:			
	Judge, Probati	on Officer or	Court	
Phone	and Fax Number:			
OFOTI	ON A			
SECTI	UN 2			
Please	indicate what days and times you are available t	o volunteer.	Check all that apply	
	DAYS:		TIMES:	
	Monday		8 to 10 a.m.	
	Tuesday		10 a.m. to Noon	
	Wednesday		Noon to 2 p.m.	
	Thursday		2 to 4 p.m.	
	Friday		4 to 6 p.m.	
	Saturday		6 to 8 p.m.	
	Sunday		8 to 10 p.m.	
	Holidays		·	

Are you a first time offender? If no, please describe other offenses:						
Are you serving deferred adjudication?						
On this charge: Another charge?						
f "yes" for either answer, please describe:	· · · · · · · · · · · · · · · · · · ·					
Are you currently serving probation on other charge?						
f "yes" please describe:						
While I am working for the City of Frisco Volunteer Services, I will:						
Arrive clean, neat and appropriately attired.						
Not consume alcohol or illegal drugs before or during my volun	iteer work assignment.					
Not use any tobacco products during my volunteer work assign	nment.					
Not distribute literature of any type.						
Not bring other people with me who have not been registered v	with the city.					
Not engage in sexual or inappropriate behavior with patrons or	other volunteers.					
Avoid use of profanity while on site.						
understand any conduct or pattern of conduct that would tend to dis rust in the City of Frisco will result in dismissal. I also under my volur be terminated at any time.						
certify all information provided on this application and during the understand any falsification or significant omissions of any informatic acceptance or dismissal if discovered at a later date and that appropriate upon the completion and review of a criminal background.	on may be considered justification for no ointment to a volunteer position may I					
Signature	Date					
Signature of parent/guardian, if under 18	Date					
Printed name of parent/guardian						

City of Frisco Consent for Criminal Background History and Motor Vehicle Check Authorization/Waiver/Indemnity Form

Each employee, employee applicant, contractor, volunteer or volunteer applicant who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the City of Frisco to perform a background search.

I hereby give my permission for the City of Frisco to obtain information related to my background and motor vehicle record. The background record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used in part to determine my eligibility for a volunteer position with the City of Frisco. I also understand that as long as I remain a volunteer with the City of Frisco, the background and motor vehicle records check may be repeated at anytime. I understand that I will have an opportunity to review the background and a procedure is available for clarification, if I dispute the record received.

I, the undersigned, do, for myself, my heirs, my executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Frisco and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Date of Birth	Sex	Race
Driver's License Number	State of Issue	Social Security #
Signature		Date
Last Name	First Name	MI
Other Names (Alias, Married, Maiden)		
Volunteer Position (if known)		Department (if known)
Please note: Volunteer positions macheck. This may take up to seven w		letion and review of a criminal background
		letion and review of a criminal background
To be completed by volunteer office:		
To be completed by volunteer office: Action taken:	orking days.	
To be completed by volunteer office: Action taken: Referred to:	orking days.	